

FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE

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FILED VS AUG 29 1960

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Primary Registration District No. 3006

Registrar's No. 469

=60-029619

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		c. CITY OR TOWN HARRISBURG	
Length of stay in lb 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOONE COUNTY HOSPITAL		d. STREET ADDRESS (If outside, give location) —	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EMMA Middle ELIZABETH Last FORBIS		4. DATE OF DEATH Month AUGUST Day 21 Year 1960	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/28/1877
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (City and state or country) Boone Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME SAMUEL GIBSON		13b. MOTHER'S MAIDEN NAME NANCY POLLOCK	
14. NAME OF HUSBAND OR WIFE GEORGE OLIVER FORBIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT BROOKSIE N FORNIMOUS, COLUMBIA, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILIARY OBSTRUCTION		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA HEAD OF PANCREAS (PROBABLE)		DUE TO (c) UNKNOWN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — Month, Day, Year —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 8-19-60 to 8-21-60 and last saw her alive on 8-20-60		Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Charles M. Sambe, M.D.		22b. ADDRESS Columbia, Missouri	
22c. DATE SIGNED 8-21-60		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 8/23/60		23c. NAME OF CEMETERY OR CREMATORY HARRISBURG CEM.	
23d. LOCATION (City, town, or county) HARRISBURG, MO.		(State)	
24. FUNERAL DIRECTOR Ralph A. Carr Fayette, Mo.		25. DATE RECD. BY LOCAL REG. Aug 23, 1960	
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		(Licensed Embalmer's Statement on Reverse Side)	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.